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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Department of the Treasury
Internal Revenue Service

 \blacktriangleright Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning July 1 , 2013, and ending	J	une 30	, 20 14
Вс	Check if ap	plicable C Name of organization	D Empl	oyer ide	entification number
	Address o	Bellevue International School PTSA 2 3 121	1	9	1-1530521
	Name cha	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telep	hone nu	umber
_	Initial retu	C/U W3F IA 1304 300th Fawcett Ave.		42	5-772-5789
=	Terminate Amended	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	mption
=	Applicatio	Tanama 14/4 00402		ber 🕨	•
			H Check	▶ Ø i	f the organization is not
	Vebsite				ach Schedule B
J Ta	ax-exen	npt status (check only one) — ☑ 501(c)(3) ☐ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527)-EZ, or 990-PF).
		organization Corporation Trust Association Other			
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets		
(Par	rt II, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	102,831
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru		
		Check if the organization used Schedule O to respond to any question in this Par			
	1	Contributions, gifts, grants, and similar amounts received		1	53,828
	2	Program service revenue including government fees and contracts		2	235
	3	Membership dues and assessments		3	0
	4	Investment income		4	34
	5a	Gross amount from sale of assets other than inventory 5a			
	b	Less: cost or other basis and sales expenses			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than			
e	1	\$15,000)		.	
Revenue	Ь	Gross income from fundraising events (not including \$ of contribut	ons		
ě		from fundraising events reported on line 1) (attach Schedule G if the		ĺ	
_	{	sum of such gross income and contributions exceeds \$15,000) 6b	60,974		
	С	Less: direct expenses from gaming and fundraising events 6c	12,229	}	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract		
		line 6c)		6d	48,745
	7a	Gross sales of inventory, less returns and allowances			
	b	Less: cost of goods sold			
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	102,842
	10	Grants and similar amounts paid (list in Schedule O)	181	10	73,640
	11	Benefits paid to or for members	[인	11	0
ses	12	Salaries, other compensation, and employee benefits	\$ ·	12	0
_	13	Professional fees and other payments to independent contractors GDEN, UT Occupancy, rent, utilities, and maintenance	* FER	13	0
Exper	14	Occupancy, rent, utilities, and maintenance		14	0
Ω	15	Printing, publications, postage, and shipping		15	2,097
	16	Other expenses (describe in Schedule O)		16	4,303
_	17	Total expenses. Add lines 10 through 16	•	17	80,040
ού	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	22,802
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
As		end-of-year figure reported on prior year's return)		19	83,673
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	20,371
z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	126,846

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	гал	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			!
ь 38а	Did the organization file Form 1120-POL for this year?	37b		
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		·
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		' ;
b	Gross receipts, included on line 9, for public use of club facilities			į
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶;			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	- 1	·
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/
41	List the states with which a copy of this return is filed ▶ n/a			
42a	· · · · · · · · · · · · · · · · · · ·	25-22		
b	Located at ► 3028 Hunts Point Circle, Hunts Point, WA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	98004	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		<u>, </u>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		7
d	Did the organization receive any payments for indoor tanning services during the year?	44c		7
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).		-	
	- Com door Legood mondomorphisms - Common Co	45b		

Here Caroline Lee International School PTSA Treasurer One	Form 99	0-EZ (2	013)						ſ	Page 4
Section 501(c)(3) organizations only	46	Did t	he organization engage, directly or in	ndirectly, in political o	ampaign activities	on behalf	f of or in oppositi	ion	Yes	No
All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in lobbyling activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 18 Is the organization as achool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 V 19 Is the organization make any transfers to an exemption-charitable related organization? 49 Is 1 If "Yes," was the related organization a section 527 organization? 19 If "Yes," was the related organization as ecition 527 organization? 10 If "Yes," was the related organization as ecition 527 organization? 10 If "Yes," was the related organization as ecition 527 organization? 10 If "Yes," was the related organization as ecition 527 organization? 10 If "Yes," was the related organization as ecition 527 organization? 11 If "Yes," was the related organization as ecition 527 organization? 12 If "Yes," was the related organization as ecition 527 organization? 13 If "Yes," was the related organization as ecition 501(c)(3) organization organization. 14 If "Yes," was the related organization organization. 15 If Total number of other employees paid over \$100,000. 16 If "Yes," was the related organization organization. 17 If Total number of other employees paid over \$100,000. 18 If "Yes," was the related organization organization. 19 If Total number of other employees paid over \$100,000. 19 If "Yes," was the related organization organization. 10 If Total number of other employees paid over \$100,000. 10 If Total number of other employees paid over \$100,000. 10 If Total number of other employees paid over \$100,000. 10 If Total number of other employees paid over \$100,000. 10 If Total number of other independent contractors each receiving over \$100,000. 11 If Total number of other independent contractors each receiving over \$100,000.					, Part I		<u> </u>	. 46	3	~
Ves No Ves No Ves No Ves No Ves No Ves No Ves Ves Toroplete Schedule C, Part II	Part	VI	All section 501(c)(3) organization		estions 47-49b a	nd 52, an	nd complete the	tables	for lin	ıes
10 the organization engage in lobbying activities or have a section 501(h) election in effect during the tax years if "Yes," complete Schedule C, Part II		_	Check if the organization used Sc	hedule O to respond	to any question	in this Pa	rt VI			
year? If "Yes," complete Schedule C, Part II ### Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### If "Yes," was the related organization a section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### If "Yes," was the related organization on S27 organization? ### Organization make any transfers to an exempt non-charitable related organization? ### Organization make any transfers to an exempt non-charitable related organization? ### Organization make any transfers to an exempt non-charitable related organization? ### Organization make any transfers to an exempt non-charitable related organization? ### Organization make any transfers to an exempt non-charitable related organization? ### Organization first the organization is five highest compensation from the organization. If there is none, enter "None." ### Organization organization form the organization is five highest compensation ("form W-2/1099-MSC) ### Organization organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### Organization organization from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." ### Organization organization organization organization. If there is none, enter "None." ### Organization organization organization. If there is none, enter "None." ### Organization organization organization organization. If there is none, enter "None." ### Organization									Yes	No
1	47						fect during the f		,	/
b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours per week devoted to position None f Total number of other employees paid over \$100,000 . ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ (d) Total number of other independent contractors each receiving over \$100,000 . ▶ (e) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ (e) Compensation None leads to the best of only knowledge and belief, it is true, correct, and complete. Designational Experiment of their officers of the position of which preparer has any knowledge and belief, it is true, correct, and complete. Designational Experiment (but they officer) best of only knowledge and belief, it is true, correct, and complete. Designational Experiment (but they officer) best of only knowledge and belief, it is true, correct, and complete. Designation officer Sign	48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedi	ule E	. 48	3	1
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If the some, enter "None." (a) Name and title of each employee (b) Average hours per week develoted to position (c) Reportable compensation (c) Reportable compensation (d) Health benefits, and deferred compensation (e) Reportable compensation (forms W-2/1099-MISC) (e) Reportable compensation (forms W-2/1099-MISC) (forms W-2/1099-MISC) (g) Name and title of each employees paid over \$100,000 . ▶ 1 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Compensation (e) Compensation (forms W-2/1099-MISC) (forms W-2/1099-MISC) (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Compensation (g) Type of service (g) Compensation (g) Type of service (g) Compensation (g) Yes □ No (g) Compensation (g) Yes □ No (g) Yes □ No (g) Yes □ No (g) Type of service (g) Compensation (g) Type of service (g)	49a	Did t	he organization make any transfers t	o an exempt non-cha	ritable related org	anızatıon?	'	. 49	а	1
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average hours per week derived to position (Forms W-2/1099-MISC) (c) Reportable (G) Reportable (C) Compensation (Forms W-2/1099-MISC) (d) Name and title of each employee paid over \$100,000 . (e) Reportable (Forms W-2/1099-MISC) (forms W-2/1099-MISC) (forms W-2/1099-MISC) (forms W-2/1099-MISC) (g) Name and forms each received more than \$100,000 of compensation from the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (g) Name and business address of each independent contractor (h) Type of service (e) Compensation (e) Compensation (forms W-2/1099-MISC) (f) Compensation (g) Type of service (g) Type of service (g) Compensation (g) Type of service (g) Type of	b									
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(a) Name and title of each employee		empl	oyees) who each received more than	\$100,000 of compe	nsation from the o	rganizatioi	n. If there is none	, enter '	'None.'	n
f Total number of other employees paid over \$100,000 ▶ Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 . ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a complete Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a completed Schedule A nonexempt charitable trusts must attach a complet		(a)	Name and title of each employee	hours per week	compensation	contrib benefit	plans, and deterred	,		
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d Total number of other independent contractors each receiving over \$100,000 . ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ✓ Yes □ No Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer		Com \$100	plete this table for the organization, ,000 of compensation from the orga	s five highest compounization. If there is no	one, enter "None."		- 			e than
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	None						. ``			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A										
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	d	Total	number of other independent contra	actors each receiving	over \$100.000	. •	l. ,			
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer		Did ti	he organization complete Schedule	A? Note. All section 5	01(c)(3) organization		,,,,			
Sign Here Signature of officer Date	Under n			 						
Paid Preparer Use Only Firm's address ▶ Caroline Lee International School PTSA Treasurer One	true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	ring schedules and star rmation of which prepa	rer has any k	nowledge.	-мінаде ai	iu belief,	, IT IS
Paid Preparer Use Only Firm's address ▶ Caroline Lee International School PTSA Treasurer One			· A	1/2			12/29	114		
Paid Preparer Use Only Firm's name ▶ Firm's address ▶ Proper Date Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature Prim's EIN ▶ Phone no.	Sign	- 1	Signature of officer	y. /~			Date	/ 7		
Paid Preparer Preparer Use Only Firm's name ► Firm's address ► Phone no.	Here		Caroline Lee,	Internation	nal School	PTSA	Treasu	ier O	ne	
Preparer Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	In	···	D-4-	·			
Use Only Firm's name ► Firm's EIN ► Phone no.	Paid		Print/Type preparer's name	Preparer's signature		Date		rf		
Firm's address > Phone no.	•	_						ed		
Mouth a IDC discuss this setup. At the setup of the setup	Use (Only								
	May th	e IRS		r shown above? See i	instructions		J Phone no.	- TV-		No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Bellevue International School PTSA 2 3.121 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II c Type III—Functionally integrated d Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vii) Amount of monetary (vi) Is the (described on lines 1-9 in col (i) listed in your the organization in organization in col. organization support governing document? col. (i) of your above or IRC section (i) organized in the support? 1152 (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked the Part III. If the organization fails to				_	•	uality under
Secti	on A. Public Support	quality und	er the tests is	sted below, p	ilease compie	ete Fait III.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	(a) 2003	(6) 2010	(6) 2011	(4) 2012	(6) 2010	(i) rotal
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u>. </u>	L	}	
_	on B. Total Support		T " "		T	,	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		1	 			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	-	•			12	
13	First five years. If the Form 990 is for the	-	•				,
Cast	organization, check this box and stop he		· · · · ·	• • • • •	<u> </u>	· · · ·	<u> P U</u>
14	on C. Computation of Public Support Public support percentage for 2013 (line 6)			11 column (6)		14	
15	Public support percentage from 2012 Sch		-			15	<u>%</u>
16a	331/8% support test—2013. If the organization qua	zation did not	check the box	on line 13, an	d line 14 is 33 ¹	/3% or more, o	check this
b	331/a% support test—2012. If the organ check this box and stop here. The organ	nization did n	ot check a box	k on line 13 o	r 16a, and line		_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	013. If the org	anization did n	ot check a box inces" test, ch	c on line 13, 16 eck this box ar	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization memory is provided in Part IV how the organization memory is supported organization	tion meets the	e "facts-and-c	rcumstances" tances" test. 1	test, check th	nis box and st	top here.
18	Private foundation. If the organization di	d not check a			a, or 17b, chec	k this box and	

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

0 1	ir the organization rails to quality	under the tes	its listed belo	w, please co	inplete Fart I	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees					}	
_	received. (Do not include any "unusual grants.")	51,096	47,010	50,133	61,258	53,828	263,325
2	Gross receipts from admissions, merchandise	1	1]			
	sold or services performed, or facilities furnished in any activity that is related to the			ľ		1	
	organization's tax-exempt purpose	139,031	47,837	43,131	39,158	61,209	330,366
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		j			1	
4	, , , , , , , , , , , , , , , , , , ,						
4	Tax revenues levied for the					1	
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the					ł	
	organization without charge						
6	Total. Add lines 1 through 5	190,127	94,847	93,244	100,416	115,037	593,671
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	·					
_	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b	0	0	o	0	0	0
8	Public support (Subtract line 7c from			- 4		-	
U	., _, '' ']	E02 / 71
C4:			l	i	I	I	593,671
	on B. Total Support	() 0000	#1.0040	430044	10010	() 0040 T	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	190,127	94,847	93,244	100,416	115,037	593,671
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	24	211	152	56	34	477
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	İ				1	
С	Add lines 10a and 10b	24	211	152	56	34	477
11	Net income from unrelated business						
	activities not included in line 10b, whether			Ţ			
	or not the business is regularly carned on	o	o	0	o	o	0
12	Other income. Do not include gain or					• •	
-	loss from the sale of capital assets						
	(Explain in Part IV.)					}	
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)	400.454	05.050	20.004	400 470	445.074	
44	· · · · · · · · · · · · · · · · · · ·	190,151	95,058	93,396	100,472	115,071	594,148
14	First five years. If the Form 990 is for the						1 501(c)(3)
0 1'	organization, check this box and stop her		• • • •	· · · · ·	<u> </u>	<u>····</u>	· · • U
	on C. Computation of Public Suppor	 				T	
15	Public support percentage for 2013 (line 8	• •	-	3, column (f))		15	99.92 %
16	Public support percentage from 2012 Sch				<u> </u>	16	99.92 %
	on D. Computation of Investment In					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2013 (17	0 08 %
18	Investment income percentage from 2012	•	•			18	0.08 %
19a	331/a% support tests-2013. If the organi						
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . 🕨 🗹
b	331/3% support tests-2012. If the organiz	ation did not ch	neck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	
	line 18 is not more than 331/2%, check this !						
20	Private foundation If the organization di		-	-			_

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Bellevue International School PTSA 2 3 121 91-1530521 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants c Phone solicitations g

Special fundraising events d n-person solicitations

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody of contrib	fraiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4					,	
5						
6						
7						
8	-					
9					 .	
0		1				

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

None

		(Form 990 or 990-EZ) 2013				Page 2
Pa	irt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
		gross receipts greater tha	(a) Event #1 Spring Social Event	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
m			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	60,974			
œ	2	Less: Contributions Gross income (line 1 minus	4,265	····		
		line 2)	56,709			56,709
	4	Cash prizes				
	5	Noncash prizes				
euses	6	Rent/facility costs	2,000			
Direct Expenses	7	Food and beverages	7,328			
ğ	8	Entertainment	100			
	9	Other direct expenses .	2,801			
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, co e organization answer	olumn (d)	0, Part IV, line 19, or r	12,229 44,480 eported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	-			
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No)
	7	Direct expense summary. Ac	dd lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)	▶	
9	a Is	nter the state(s) in which the or the organization licensed to o "No," explain		-	s?	🗌 Yes 🗌 No
10		/ere any of the organization's o "Yes," explain:	gaming licenses revoked	l, suspended or termina	ated during the tax year?	. 🗌 Yes 🗌 No

Schedul	le G (Form 990 or 990-EZ) 2013			P	age 3
11	Does the organization operate gaming activities with nonmembers?		☐ Ye	s 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other en	tity			
	formed to administer charitable gaming?	٠ [☐ Ye	s 🗌	No
13	Indicate the percentage of gaming activity operated in:				
а		3a			%
b		3b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	,nd			
	Name ►				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gamerevenue?	٠.	ີ Ye	s 🗇	No
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			о	
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address ▶				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	□ Director/officer □ Employee □ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds	to			
	retain the state gaming license?	_	☐ Ye	s□	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$				
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (if Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to proadditional information (see instructions).	i) an vide	d (v), any	and	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Bellevue International School PTSA 2.3.121

Employer identification number

91-1530521

Part 1, Line 10 Grants and similar amounts paid total = \$73,640 (Part 3, Line 28,29,30 & 31 also applies here)

International School: World Language program \$5,530, Additional Food Program support \$801, Staff Resources and Development \$12,500,

Reflections Program \$107, Fund a Need Spring Social \$13,632, International Studies \$800, Humanities Dept. \$3,000, Math Dept. \$431,

PE Dept. \$1,250, Band Dept. \$3,412, Choir Dept. \$250, AP Computer Science \$1,736, Art supplies/Guest Faculty \$750, Band Intrument Repair

\$498, Orchestra Instrument Repair \$471, Biology Fetal Pigs \$1,106, Choir Music \$225, Library \$500, Fund a Need Orchestra \$750,

Geobee Registration \$100, Campus Emergency Supplies \$1,998, Baccalaureate & Commencement \$4,008,

6th Grade and High School Retreats \$9,337, Shakespeare Play for High School \$1,500, Roots and Shoots Buddy Lunch \$131.

World Language Intern Visas \$3,000

Bellevue Quality Schools Donation \$1,500, Bellevue School Foundation Donation \$1,000.

Washington State PTA: National-State-City Council Fees (Dues) \$3,317 - (Part 1, Line 10 & 31).

Part1, Line 16 Other Expenses total = \$4,303

Pasta Dinner Expenses \$416, Insurance/bank fees/other \$1,380, Exec Commt Discre. \$366, Staff Appreciation \$254, PTA Awards (Incl. Golden Acorn) \$70, PTSA Hospitality \$100, Senior Board Judges/Advisors \$285, Senior Board Awards \$600, Leadership Activities (Conventions and Legislative) \$140, Senior Board Day Lunches \$375, Other Prior Year Expenses \$317.

Part 1, Line 20 Other Changes in net assets or fund balances

Designated Fund Balance total = \$20,371

Grants include: Science Tables, Flinn Scientific, & 3D Printer and supplies \$10,868, Human Geography \$5,500, AP Computer

Science \$1,736, Upfront NY Times Subscription \$2,267.

Part 1, Line 1 - Contribution Revenue Detail

2. Fall Letter Campaign Donations 7,154 3. Miscellaneous Donations 70tal 7 Otal 21,184 Part 1, Line 2 - Program Service Revenue Detail 1 Merchant Programs (Escrip) 235 Total 235 Part 1, Line 4 - Investment Income 34 Total 34 Part 1, Line 6b 60,974 Part 1, Line 6b 60,974 Part 1, Line 6d 102,842 Part 1, Line 9 Total Revenues 102,842 Line 10 Grants and similar amounts paid in Scheduel 0 73,640 Line 15 Printing, publications, postage, and shippinng 2,097 Part 1, Line 16 Other Expenses Detail 1. Pasta Dinner Expenses 416 2. Insurance/bank fees/other 1,380 3. Exc. Committee Discretionary 366 4. Staff Appreciation 254 5. PTA Awards (Golden Acorn) 60 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 8. Senior Board Awards 8. Senior Board Awards 600		Back to School Day Donations		13,788
Total 21,184 Part 1, Line 2 - Program Service Revenue Detail 1 Merchant Programs (Escrip) 235 Total 235 Total 235 Part 1, Line 4 - Investment Income 3 1 Interest Income 3 4 Total 34 Part 1, Line 6b 60,974 Part 1, Line 9 Total Revenues 102,842 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 10 Grants and similar amounts paid in Scheduel O 1,80 1 June 16 Other Expenses Detail 1,90 1,80 2,80		2. Fall Letter Campaign Donations		7,154
Part 1, Line 2 - Program Service Revenue Detail 1 Merchant Programs (Escrip) 70tal 235 Part 1, Line 4 - Investment Income 34 70tal 34 1 Interest Income 70tal 34 Part 1, Line 6b 60,974 70tal 34 Part 1, Line 6c 12,229 70tal	3. Miscellaneous Donations		242	
1 Merchant Programs (Escrip) 7 Total 8 Total 9 Total Revenues 10 Total 10 Fart 1, Line 16 Other Expenses Detail 11 Pasta Dinner Expenses 12 Expenses 13 Exec. Committee Discretionary 13 Exec. Committee Discretionary 13 Exec. Committee Discretionary 14 Staff Appreciation 15 Expenses 16 Expenses 17 Expenses 18 Senore Board Judges/Advisors 18 Senore Board Judges/Advisors 19 Leadership Activities (Convention/Legislation Assm./Conferences) 10 Senior Board Day Lunches 11 Other Prior Year Expenses 11 Other Prior Year Expenses 11 Other Prior Year Expenses 11 Total 11 Science Tables, Film Scientific, 31 D Printer and supplies: 11 Other Science 11 Total 11 Upfront NY Times Subscription 12 L26			Total	21,184
Part 1, Line 4 - Investment Income 34 10tal 34 34 34 34 34 34 34 3	Part 1, Line 2 - Progr	am Service Revenue Detail		
Part 1, Line 4 - Investment Income		1 Merchant Programs (Escrip)		235
Part 1, Line 4 - Investment Income 34 34 34 34 34 34 34 3			Total	235
Part 1, Line 6b 60,974 70 71, Line 6c 12,229 72 72 74 74 74 74 74 74		tment Income		
Part 1, Line 6b 60,974 70 71, Line 6c 12,229 72 72 74 74 74 74 74 74				
Part 1, Line 6b 60,974 Part 1, Line 6c 12,229 Part 1, Line 6d 48,745 Part 1, Line 9 Total Revenues 102,842 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 15 Printing, publications, postage, and shippinng 2,097 Part 1, Line 16 Other Expenses Detail 416 1. Pasta Dinner Expenses 416 2. Insurance/bank fees/other 1,380 3 Exec. Committee Discretionary 366 4 Staff Appreciation 254 5. PTA Awards (Golden Acorn) 70 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 285 8. Senior Board Awards 6600 9. Leadership Activities (Convention/Legislation Assm./Conferences) 140 10. Senior Board Day Lunches 375 11. Other Prior Year Expenses 317 Total 4,303 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 18 Excess or (deficit) for the year 22,802 Part 1, Line 18 Excess or (deficit) for the year 22,802		1 Interest income	Total	
Part 1, Line 6c 12,229 Part 1, Line 6d 48,745 Part 1, Line 9 Total Revenues 102,842 Line 10 Grants and similar amounts paid in Scheduel O 73,640 Line 15 Printing, publications, postage, and shippinng 2,097 Part 1, Line 16 Other Expenses Detail 1. Pasta Dinner Expenses 416 2. Insurance/bank fees/other 1,380 3. Exec. Committee Discretionary 366 4. Staff Appreciation 254 5. PTA Awards (Golden Acorn) 70 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 285 8. Senior Board Awards 600 9. Leadership Activities (Convention/Legislation Assm./Conferences) 140 10. Senior Board Day Lunches 375 11. Other Prior Year Expenses 317 Total 4,303 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinin Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500			lotai	34
Part 1, Line 6c 12,229 Part 1, Line 6d 48,745 Part 1, Line 9 Total Revenues 102,842 Line 10 Grants and similar amounts paid in Scheduel O Line 15 Printing, publications, postage, and shippining 73,640 Line 15 Other Expenses Detail 4 1. Pasta Dinner Expenses 416 2. Insurance/bank fees/other 1,380 3 Exec. Committee Discretionary 366 4 Staff Appreciation 254 5. PTA Awards (Golden Acorn) 70 6. PTSA Hospitality 100 7. Senor Board Judges/Advisors 285 8. Senior Board Awards 600 9. Leadership Activities (Convention/Legislation Assm./Conferences) 140 10. Senior Board Day Lunches 317 11. Other Prior Year Expenses Total 4,303 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 18 Excess or (deficit) for the year 22,802 Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 1,086 2 Human Geography 5,000	Part 1, Line 6b			60,974
Part 1, Line 9 Total Revenues Line 10 Grants and similar amounts paid in Scheduel O Line 15 Printing, publications, postage, and shippinng 2,097 Part 1, Line 16 Other Expenses Detail 1. Pasta Dinner Expenses 1,380 3 Exec. Committee Discretionary 366 4 Staff Appreciation 254 4 Staff Appreciation 370 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 8. Senior Board Judges/Advisors 9. Leadership Activities (Convention/Legislation Assm./Conferences) 11. Other Prior Year Expenses Total Part 1, Line 17 Total Expenses 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267	Part 1, Line 6c			
Line 10 Grants and similar amounts paid in Scheduel O Line 15 Printing, publications, postage, and shippinng Part 1, Line 16 Other Expenses Detail 1. Pasta Dinner Expenses 416 2. Insurance/bank fees/other 3. Exec. Committee Discretionary 366 4 Staff Appreciation 254 5. PTA Awards (Golden Acorn) 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 8. Senior Board Judges/Advisors 8. Senior Board Judges/Advisors 9. Leadership Activities (Convention/Legislation Assm./Conferences) 11. Other Prior Year Expenses 71. Other Prior Year Expenses 80,040 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 18 Excess or (deficit) for the year 22,802 Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription	Part 1, Line 6d			48,745
Part 1, Line 16 Other Expenses Detail 1. Pasta Dinner Expenses 1. Pasta Dinner Expenses 2. Insurance/bank fees/other 3. Exec. Committee Discretionary 3. Exec. Committee Discretionary 4. Staff Appreciation 5. PTA Awards (Golden Acorn) 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 8. Senior Board Judges/Advisors 8. Senior Board Awards 9. Leadership Activities (Convention/Legislation Assm./Conferences) 11. Other Prior Year Expenses 11. Other Prior Year Expenses 11. Other Prior Year Expenses 11. Une 17 Total Expenses 12. Bound Part 1, Line 17 Total Expenses 12. Science Tables, Finn Scientific, 3D Printer and supplies: 10. 868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267	Part 1, Line 9 Total	Revenues	<u> </u>	102,842
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4 Staff Appreciation 254 5. PTA Awards (Golden Acorn) 70 6. PTSA Hospitality 100 7. Senior Board Judges/Advisors 285 8. Senior Board Awards 600 9. Leadership Activities (Convention/Legislation Assm./Conferences) 140 10. Senior Board Day Lunches 375 11. Other Prior Year Expenses 317 Total 4,303 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 18 Excess or (deficit) for the year 22,802 Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267		•		1,380
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9. Leadership Activities (Convention/Legislation Assm./Conferences) 140 10. Senior Board Day Lunches 375 11. Other Prior Year Expenses 317 Total 4,303 Part 1, Line 17 Total Expenses 80,040 Part 1, Line 18 Excess or (deficit) for the year 22,802 Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 4. Upfront NY Times Subscription 2,267		_		
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Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267	Part 1, Line 17 Total	Expenses		80,040
Part 1, Line 20 Other changes in net assets or fund balances in Schedule O 1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267				
1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267	Part 1, Line 18 Exce	ss or (deficit) for the year		22,802
1. Science Tables, Flinn Scientific, 3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267	Part 1, Line 20 Othe	changes in net assets or fund balances in Schedule O		
3D Printer and supplies: 10,868 2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267				
2 Human Geography 5,500 3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267		Flinn Scientific,		
3. AP Computer Science 1,736 4. Upfront NY Times Subscription 2,267		3D Printer and supplies:		10,868
4. Upfront NY Times Subscription 2,267		2 Human Geography		5,500
4. Upfront NY Times Subscription 2,267		3. AP Computer Science		1,736
		4. Upfront NY Times Subscription		
		Designated	Fund Balance Total	20,371

Bellevue International School PTSA 2.3.121 2013 990EZ

Part 2, Line 22 - Cash, Savings, and Investments

Part 2, Line 22 - Cash, Savings, and Investments		
1. Bank of America Checking		68,051
Bank of America Savings		55,697
3. Scottrade		2,300
4. Prepaid Senior Binder Tabs		1,438
5. Prior Yr ASB leadership camp reimbursement		-640
	Total	126,846
		
Part 3, Line 28 - Staff Resource Grants		
1. World Language Intern Stipends		4,400
World Language Intern Visas		3,000
3. World Language Intern Bus Passes		1,130
Staff Resources and Development		12,500
5. Additional Food Program Support		801
0. / tallet 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Total	21,831
Part 3, Line 29 - Curriculum Enrichment Grants		
Reflections Program		107
2. Fund A Need Spring Social		13,632
3. International Studies Dept.		800
4. Humanities Dept		3,000
5. Math Dept.		431
6. PE Dept.		1,250
7. Band Dept.		3,412
8. Choir Dept.		250
9. AP Computer Science		1,736
10. Art Supplies/Guest Faculty		750
11. Band Instrument Repairs		498
12. Orchestra Instrument Repair		471
13. Biology Fetal Pigs		1,106
14. Choir Music		225
15. Library		500
16. Fund A Need Orchestra		750
	Total	28,918
Part 3, Line 30 - Community Building Grants		
1. Bellevue Quality Schools Donations		1,500
2. Bellevue Schools Foundation Donations		1,000
3. Roots and Shoots Buddy Lunch		131
4. Shakespeare Play for High School		1,500
5. 6th Grade & High School Retreat		9,337
6. Baccalaureate & Commencement		4,008
7. Campus/Emergency Supplies		1,998
8. Geobee Registration		100
	Total	19,574
Part 3, Line 31 - Other Program Services		
National - State - City Council Fees (Dues)		3,317
an indiana. State City Godinin (CCS (Sucs)	Total	3,317 3,317
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Bellevue International School PTSA 2.3.121 2013 990EZ Schedule G

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Tiplest Color		7.075
Ticket Sales		7,875
Donation		4,265
Other		48,834
	Total	60,974
Direct Expenses		
1. Rent Facility Costs		2,000
2. Food and beverages		7,328
3. Entertainment		100
4. Fundraising software		437
5. Other direct expenses		
printing, supplies		1,632
gift card for MC		50
R&R Rental and flowers		267
Barre3, Amazon, & packaging		415
	Total	12,229

Part 1, Line 10. Grants and Similar Amounts Paid

Clace of Actuals.	o de la constantina della cons	Check (x) if grantee is	SI 65	į	i		Amount of
World Language Intern Stipends	International School	a Dusiness	Address	200	State	Zip Foreign country	cash grant
World Language Intern Visas	Amity Institute	*	5030 Camino de la Siesta #206	San Diego	٩	90108	94,4
World Language Intern Bus Passes	International School			0	S		1,130
Additional Food Program Support	International School						801
Staff Resources and Development	International School						12,500
Reflections Program	International School						107
Fund a Need Spring Social	International School						13,632
International Studies	International School						800
Humanities Dept.	International School						3,000
Math Dept	International School						431
PE Dept.	International School						1,250
Band Dept.	International School						3,412
Choir Dept	International School						250
AP Computer Science	International School						1,736
Art Supplies/Guest Faculty	International School						750
Band Instrument Repair	International School						498
Orchestra Instrument Repair	International School						471
Biology Fetal Pigs	International School						1,106
Choir Music	International School						225
Ubrary	International School						200
Fund a Need Orchestra	International School						750
Geobee Registration	International School						100
Campus Emergency Supplies	International School						1,998
Baccalaureate & Commencement	International School						4,008
6th Grade & High School Retreats	International School						9.337
Shakespeare Play for High School	International School						1.500
Roots and Shoots Buddy Lunch	International School						131
Bellevue Quality Schools Donation	Bellevue Quality Schools		P O Box 1153	Bellevue	WA	60086	1,500
Bellevue School Foundation Donation	Bellevue Schoool Foundation		P.O Box 40644	Bellevue	WA	98015	1,000
National-State-City Council Fees (Dues)	WA State PTA		1304 S Fawcett Ave	Tacoma	WA	98402	3,317

Total Line 10 Grants and Similar amounts paid

73,640 00